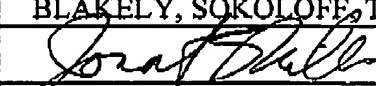
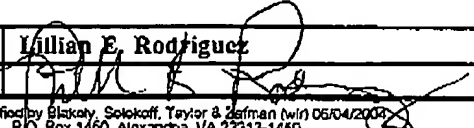


TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	10/757,164
		Filing Date	January 13, 2004
		First Named Inventor	Elliot A. Gottfurcht
		Art Unit	3714
		Examiner Name	Corbett B. Coburn
Total Number of Pages in This Submission	11	Attorney Docket Number	4346P001X4

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Facsimile Cover Sheet </div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jonathan S. Miller, Reg. No. 48,534 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	January 27, 2005

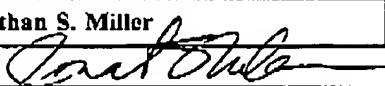
CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	William E. Rodriguez		
Signature		Date	January 27, 2005

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/in 06/04/2004)
 SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460

FEE TRANSMITTAL for FY 2005 <small>Patent fees are subject to annual revision</small>		<i>Complete if Known</i>	
		Application Number	10/757,164
		Filing Date	January 13, 2004
		First Named Inventor	Elliot A. Gottfurcht
		Examiner Name	Corbett B. Coburn
		Art Unit	3714
		Attorney Docket No.	4346P001X4
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
TOTAL AMOUNT OF PAYMENT	(\$)	0.00	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor & Zafman LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION																																																																																																																												
1. EXTRA CLAIM FEES																																																																																																																												
Total Claims	14	20	0	25.00	\$0.00																																																																																																																							
Independent Claims	3	3	0	100.00	\$0.00																																																																																																																							
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<table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>2202</td> <td>50</td> <td>25</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>2201</td> <td>200</td> <td>100</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>2203</td> <td>350</td> <td>180</td> <td>Multiple Dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>2204</td> <td>300</td> <td>150</td> <td>**Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>2205</td> <td>300</td> <td>150</td> <td>**Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="4">SUBTOTAL (1)</td> <td>(\$)</td> <td>0.00</td> </tr> </tbody> </table>						Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	1202	2202	50	25	Claims in excess of 20	1201	2201	200	100	Independent claims in excess of 3	1203	2203	350	180	Multiple Dependent claim, if not paid	1204	2204	300	150	**Reissue independent claims over original patent	1205	2205	300	150	**Reissue claims in excess of 20 and over original patent	SUBTOTAL (1)				(\$)	0.00																																																																																			
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SUBMITTED BY		<i>Complete (if applicable)</i>	
Name (Print/Type)	Jonathan S. Miller	Registration No. (Attorney/Agent)	48,534
Signature		Telephone	(310) 207-3800
		Date	01/27/05

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Complete if Known

☒ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Application Number 10/757,164
Filing Date January 13, 2004
First Named Inventor Elliot A. Gottfurcht
Examiner Name Corbett B. Coburn
Art Unit 3714
Attorney Docket No. 4346P001X4

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☒ Credit any overpayments

FEE CALCULATION

1. EXTRA CLAIM FEES

1. EXTRA CLAIM FEES

Total Claims	14	- 20*	=	0	x	25.00	=	\$0.00
Independent Claims	3	- 3*	=	0	x	100.00	=	\$0.00
Multiple Dependents							=	

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	60	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	350	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	*Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (1)

(\$)

0.00

*For number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
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1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,530	2254	765	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1491	1,510	2491	1,510	Petition to institute a public use proceeding
1490	130	2490	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(a)
1808	180	1808	180	Submission of Information Disclosure Stmt
1809	750	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	750	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))
Other fee (specify)				
SUBTOTAL (2)				(\$)

Fee Paid

SUBMITTED BY

Name (Print/Type) Jonathan S. Miller

Registration No. (Attorney/Agent)

48,534

Complete (if applicable)

Telephone

(310) 207-3800

Signature

Date

01/27/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/1) 12/15/2004.
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PATENT
Attorney's Docket No. 4346P001X4

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
Elliot A. Gottfurcht)	Examiner: Corbett B. Coburn
Serial No. 10/757,164)	Art Group: 3714
Filed: January 13, 2004)	
For: Method and Apparatus for)	
Playing Video and Casino Games)	
with a Television Remote Control)	

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE TO FINAL OFFICE ACTION

In response to the Final Office Action mailed December 2, 2004, in connection with the above referenced patent application, Applicants respectfully request entry of the following amendments and request reconsideration in view of the following remarks.